



**JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

95 S. DRAKE ROAD  
FRANKLIN IN 46131

Office 317-346-4365 Fax 317-736-5264

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. ✓

Establishment name <b>JACK'S DONUTS of Greenwich</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>12/30/25</b>	ID# <b>2027</b>
Establishment address  Owner  Owner address <b>3115 Merridale Plz De Ste A</b>	Purpose:  <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up - Release Date <b>1/9/26</b>	Summary of Violations:  <b>4</b> <b>C 3 NC 3 R</b>
Person in charge <b>RALPH ALLEN Grwd. 46142</b>			Menu Type (See back of page)  <b>2 ✓ 3 4 5</b>
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed):

Received by (name and title printed): Hanna Richard

Received by (signature):

Received by (signature): x Hana Ricker

cc:

CC:

Inspected by (name and title printed):

Inspected by (name and title printed):  
Kevin R. Paolini EdS

Inspected by (sign)

pected by (signature):  


CCS

**Johnson County Health Department****95 S Drake Rd., Franklin, IN 46131****Phone: (317) 346-4365, Fax: (317)736-5264****Retail Food Establishment Inspection Report***Bethel  
12/16*

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26 Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment	telephone	Date of Inspection
Jersey Mikes <i>Subs</i>		12/10/2025
Establishment address		Summary of Violations
1675 West Smith Valley Road, Greenwood IN 46142		<b>0P, 0PF, 1Core</b>
Owner	Follow-up No	Release Date 12/20/2025
Person - in - Charge	Certified Food Handler	
Establishment Identification # 2601	County Johnson	District D5
		Purpose: Routine
		Menu Type 2-Limited menu

- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/PF/Core	R?	Violation Observed:	To be Corrected by:
185	Core		Observed wet wiping cloths not stored in the sanitizer solution	

Establishment Representative

Inspected by: Cassi Hall, EHS  
(317) 346-4371 [chall@johnsoncounty.in.gov](mailto:chall@johnsoncounty.in.gov)

Beth  
1/5

Johnson County Health Department  
95 S Drake Rd., Franklin, IN 46131  
Phone: (317) 346-4365, Fax: (317)736-5264  
Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment Johnson County Senior Services	telephone	Date of Inspection 12/23/2025
Establishment address 36 W 600 N Whiteland 46184		Summary of Violations 0,0,0
Owner	Follow-up No	Release Date 1/2/2026
Person - in - Charge	Certified Food Handler	Purpose: Menu Type 1- Limited menu
Establishment Identification # 1475	County Johnson	Routine

- Violation(s) repeated from previous inspections are denoted in the “summary of violations” & in the narrative below as “R”

Sec#	P/Pf/C	R?	Violation Observed:	To be Corrected by:
			Note: Hang Mops	



Establishment Representative

Inspected by: Carol Fleener E.H.S.  
317-868-8819 cfleener@JohnsonCounty.in.gov



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 S. DRAKE ROAD  
FRANKLIN IN 46131

Office 317-346-4365 Fax 317-736-5264

7-26 AM

BekM  
12/18

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Johnson County Shrine Club</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/11/25</i>	ID# <i>132</i>
Establishment address <i>751 W. King St. Franklin, IN 46131</i>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>12/21/25</i>
Owner <i>Members</i>	Summary of Violations: <i>P pf Core e 0 nc 0 x 6</i>		
Owner address			
Person in charge <i>Mike Pearcey</i>	Menu Type (See back of page)		
Responsible person's email	<i>1 2 ✓ 3 4 5</i>		
Certified food handler <i>Mike Park</i>			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/N/C	R	Narrative	To Be Corrected by
306	Core	✓	Inside top of ice maker is heavily soiled	12/11/25
421	Core	✓	Several doors are not tight-fitting to the exterior	12/31/25
443	Core		Kitchen floor and walls around cooking equipment are soiled	12/21/25
363	Core	✓	Water leak noted under mop sink and water knob for jet spray at mechanical dish machine	12/31/25
286	Core		Walk-in-cooler metal metal AM shelving is soiled	12/31/25
437	Core		Mechanical ventilation appears not operable in women's restroom Note: Air gaps needed on ice bin and any vegetable sink	12/31/25

Received by (name and title printed):  
*MISHAEL A Pearcey*

Inspected by (name and title printed):

*Andrew Miller, EHS*

Received by (signature):  
*Mike Pearcey*

Inspected by (signature):

*Andrew Miller*

cc:

cc:

cc:



Benton  
12/14

**Johnson County Health Department**  
**460 N. Morton St., Ste. A, Franklin, IN 46131**  
**Phone: (317) 346-4365, Fax: (317)736-5264**  
**Retail Food Establishment Inspection Report**

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment	Margarita Grill	telephone	317-859-4500	Date of Inspection	12/1/2025
Establishment address	1675 Smith Valley Road, Ste A-6, Greenwood, IN 46143			Summary of Violations	<b>3 P, 2 Pf, 3C, 3R</b>
Owner	Luis Scheker & Miguel			Follow-up	Release Date
Person - in - Charge	Daniel	Certified Food Handler Miguel Martinez 10/9/2030 28225185	Purpose: Routine	Menu Type 4-Extensive handling	12/12/2025
Establishment Identification #	1788	County Johnson	District D5		

- Priority items are identified in the checklist & narrative columns marked “P”
- Priority foundation items are identified in the checklist & narrative columns marked “Pf”
- Core items are identified in the checklist & narrative columns marked “C”
- Violation(s) repeated from previous inspections are denoted in the “summary of violations” & in the narrative below as “R”

Sec#	P, Pf, C	R?	Violation Observed:	To be Corrected by:
213	P	R	Guacamole at 49 °F at 1:37pm, Diced tomato salsa at 49 °F at 3pm, both in top of flip-top cooler. Raw chicken & Pan of peppers at 51 °F at 3pm in bottom of flip-top cooler. Pan of refried beans at 53 °F at 2:55pm. Ambient air temperature thermometer in flip-top reads 41 °F Inspectors thermometer was calibrated on-site & verified to be at 32 °F in an ice bath	12/1/25 DISCARDED
450	Pf		Observed small flies and 2 live, adult cockroaches. Manager states they will contact their pest control operator & get them out sooner	12/14/25
		R	Observed fly strips hanging from the kitchen ceiling - Not approved for commercial use	
442	C	R	Floor is soiled in southeast corner of stock room. A few Ceiling tiles are broken Ceiling tiles appear to have water damage. Broken light fixture in hood.	12/31/25
443	C	R	Observed stagnant water & food debris collected in voids where floor grout and floor tiles are missing. Observed stagnant water pans with green scratch pads and steel wool that are potentially a breeding site for insects. Large can opener is soiled	12/31/25

Daniel, Manager  
Establishment Representative

Inspected by: Elizabeth Senisse, EHS  
(317) 346-4373 [esenisse@co.johnson.in.us](mailto:esenisse@co.johnson.in.us)

307	C	R	Interior flap on ice maker is soiled.	12/15/25
214	Pf		Establishment is out of date marking stickers & so is not properly date marking items in the walk-in-cooler. Manager is going over to Gordon Food Service to pick them up tomorrow.	12/2/25
197 154	P		Observed a fly in the drink topper spices - salt, sugar, lime sponge, & red pepper flakes. Manager dumped out and put the containers in the dish machine area.	12/1/25
316	P		Dish machine does not appear to be sanitizing. Establishment has provided non-expired test strips, and sanitizer, however the strips are not turning purple. Manager has called the auto dish machine company. You may wash in the automatic dish machine, but you are REQUIRED to sanitize all equipment & utensils in the 3-bay sink. Service person is on-site & working on the issue. Service person states they were out last week & that the tube they replaced may have an issue. Recommend checking the sanitizer concentration at the start of every shift to ensure utensils & equipment are being adequately sanitized.	12/1/25
234	C		Paper towels lining interior shelves of 2 door reach-in cooler with the Ultra, Modelo, & xx Dos Equis taps	12/15/25

## Inspection notes:

All food temperatures taken on the steam table were at or above 179 °F

Temperatures in the walk-in-cooler were as follows:

Refried beans 39 °F

Shredded chicken 41 °F

Cooked hamburger 37 °F



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**95 S. DRAKE ROAD**

FRANKLIN IN 46131

Office 317-346-4365 Fax ~~317-736-5264~~

7-26 (Am)

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

**Establishment Sanitation Requirements.** The time limit for correction of each violation is specified in the narrative portion of this report.

Received by (name and title, printed):

Received by (signature)

Chl Kemp  
cc:

cc:

cc:

Inspected by (name and title printed):

Andrew Miller, EHS  
Inspected by (signature):

Inspected by (signature): *Andrew Miller*

CC:



Betzem  
12/16

**Johnson County Health Department**  
**460 N. Morton St., Ste. A, Franklin, IN 46131**  
**Phone: (317) 346-4365, Fax: (317)736-5264**  
**Retail Food Establishment Inspection Report**

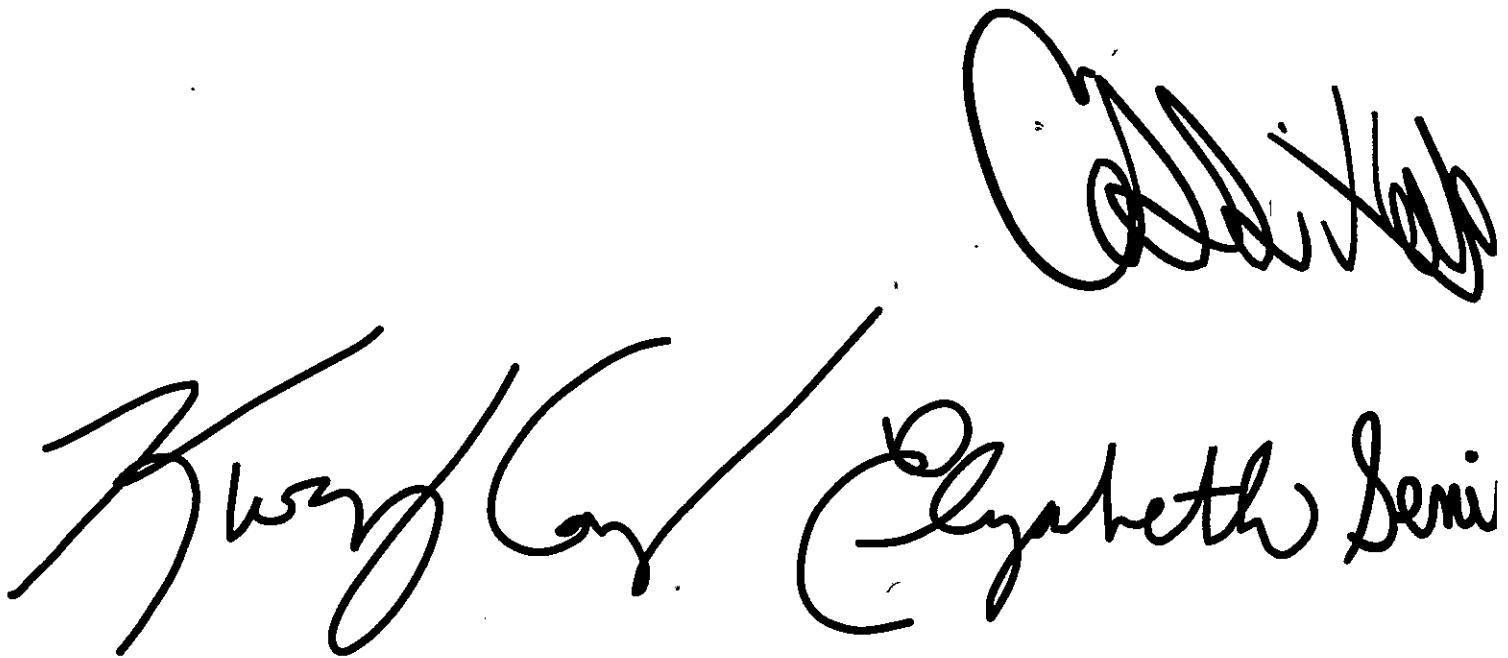
Based on an inspection this day, the item(s) noted below identify violation(s) of **410 IAC 7-26**, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment <b>Oaken Barrel Brewing Co.</b>	telephone <b>317-887-2287</b>	Date of Inspection <b>12/10/2025</b>
Establishment address <b>50 N Airport Parkway, Greenwood, IN 46143</b>	Summary of Violations <b>1P, 1PF, 4Core</b>	
Owner <b>Kwang Casey <a href="mailto:okenbarrel@comcast.net">okenbarrel@comcast.net</a></b>	Follow-up <b>No</b>	Release Date <b>12/21/2025</b>
Person - in - Charge <b>Kwang Casey</b>	Certified Food Handler <b>Dan Harper</b>	Purpose: routine
Establishment Identification # <b>629</b>	County <b>Johnson</b>	District <b>D5</b>

- Priority Items are Identified in the Checklist & Narrative Columns Marked "P"
- Priority foundation Items are Identified in the Checklist & Narrative Columns Marked "PF"
- Core Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:1:22pm	To be Corrected by:
213	P		Observed roasted potatoes hot holding @ 123°F in a plastic container with a cover located in the warmer cabinet Observed taco meat hot holding @ 130°F in a plastic container with a cover in the warmer cabinet Dial is at 1, & it is normally at 3.	
436	Core		The beer walk-in cooler light intensity is not adequate	
212	PF		<ul style="list-style-type: none"><li>Observed previously cooked fried fish @ 46°F in metal containers with a plastic cover, cooling in the walk-in cooler</li><li>Observed portioned, previously cooked chicken wings @ 46°F in plastic bags cooling in the walk-in beer cooler</li><li>Cooked pasta (penne &amp; linguini) in pre-portioned baggies at 50 °F @ 3:15pm, portioned into plastic baggies at 2:15pm today</li></ul>	
189	Core		Containers of food is not stored 6" off the walk-in freezer floor	
286	Core		<ul style="list-style-type: none"><li>Observed a damaged silicone spatula on the prep-table</li><li>The container holding the ice machine scoop is damaged</li><li>The beer walk-in cooler door gasket is worn</li><li>The flip-top "turbo air" door gaskets are worn</li><li>The Royalton hot holding cabinet door gasket is worn</li></ul>	
443	Core		Floor under the equipment is soiled - 2 compartment sink faucet is soiled	
			Notes:	

			1. Previously cooked mash potatoes date marked Friday @ 42°F located in the walk-in cooler 2. Previously cooked ground beef date marked Friday @ 42°F located in the walk-in cooler	



Two handwritten signatures are present. The signature on the left is "Bryan K." and the signature on the right is "Elizabeth Senisse". Both signatures are in black ink and are somewhat stylized.

Establishment Representative

Inspected by: Elizabeth Senisse, EHS  
(317) 346-4373 [esenisse@co.johnson.in.us](mailto:esenisse@co.johnson.in.us)



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A

FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

7-26 AM

AM

Bekal  
A 12/10

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

**Establishment Sanitation Requirements.** The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Olive Garden Italian Restaurant #1007</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>12/8/25</b>	ID# <b>227</b>
Establishment address 1274 US 31 Greenwood, IN 46142	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <b>No</b>	Release Date <b>12/18/25</b>
Owner	Summary of Violations:  <b>P pf Core</b> <b>✓ 0 NC 0 R 1</b>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <b>Debra Regass</b>	Menu Type (See back of page)  <b>1 2 3 4 ✓ 5</b>		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" *P/P/Care*
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed):

Steven Perillo

Inspected by (name and title printed):

Inspected by (name and title printed):  
Andrew Miller EHS

Received by (signature):

Inspected by (signature):

CC:

CC-

CC



# Johnson County Health Department

95 S Drake Rd., Franklin, IN 46131

Phone: (317) 346-4365, Fax: (317)736-5264

## Retail Food Establishment Inspection Report

Beth M  
12/19

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment	Penn Station <i>East Coast Subs</i>	telephone 317-865-7366	Date of Inspection 12/18/2025
Establishment address	255 S State Road 135, Greenwood IN 46142		
Owner		Follow-up No	Release Date 12/28/2025
Person - in - Charge greenwood@PennStationBRG.com	Certified Food Handler	Purpose: Routine	Menu Type 2-Limited menu
Establishment Identification # <del>802</del> 2960	County Johnson	District D5	

- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/PF/Core	R?	Violation Observed:	To be Corrected by:
213	P		Observed the following internal food temperatures located in the three door cooler located by the fryer: 1. Deli meat in plastic wrap @ 54°F 2. A large plastic container of french fries @ 84°F Manager stated that the food products were placed in the three door cooler at 7:30 a.m. due to the display cooler being out of order	Recommend Discarding all TCS Food
443	Core		1. Floors, walls, ceiling, and sides of equipment are soiled 2. Both exhaust hood systems are soiled	
213	P		Observed large plastic containers of French fries on a cart next to the fryer @ 53°F and 55°F	
281	PF		Sanitizer test strips are not observed	
363	CORE		The cook-line hand sink leaks at the faucet connection	
286	CORE		Flip top cooler bolts/screws are loose	
	Notes		The display cooler is not functioning properly The three door cooler is not functioning properly	
			SOP for French Fries needs to be provided	

  
X Establishment Representative

Inspected by: Cassi Hall, EHS  
(317) 346-4371 [chall@JohnsonCounty.in.gov](mailto:chall@JohnsonCounty.in.gov)



**JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

95 S. DRAKE ROAD  
FRANKLIN IN 46131

Office 317-346-4365 Fax 317-736-5264

Bekan  
12/8

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. ✓

Establishment name <i>Pieces of Cake, Slice of Pie</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>12/05/25</i>	ID# <i>2149</i>
Establishment address <i>484 N Madison Ave Greenwood</i>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list) _____</li></ul>	Follow-up <i>-</i>	Release Date <i>12/15/25</i>
Owner <i>Debbie Van Vickle-Bonag</i>	Summary of Violations:  <i>C <b>\$</b> NC <b>b</b> R <b>Q</b></i>		
Owner address			
Person in charge <i>Jodi Ping</i>	Menu Type (See back of page)		
Responsible person's email			
Certified food handler	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed):

Received by (signature):

CC:

CC2

Inspected by (name and title printed):

Kevin R. Parker DDS

Inspected by (signature):

FR 83

CC: 317-205-4114



**JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT** #10

95 S. DRAKE ROAD

FRANKLIN IN 46131

Office 317-346-4365 Fax 317-736-5264

Betsu  
115

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

**Establishment Sanitation Requirements.** The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Pilot Travel Center</b>	Telephone Number (   ) Establishment (   ) Owner	Date of Inspection <b>11-26-25</b>	ID# <b>1536</b>
Establishment address <b>82 White Street</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/> <b>28</b>	Follow-up <b>—</b>	Release Date <b>11-0-25</b>
Owner <b>Whiteland</b>	Summary of Violations:  <b>80</b> <b>PF</b> <b>1</b> <b>R</b> <b>Core</b>		
Owner address			
Person in charge			
Responsible person's email <b>travelcenter.656@pilottravelcenters.com</b>	Menu Type (See back of page)		
Certified food handler <b>James McRabbins (111928)</b>	1 <b>2</b> 3 4 5		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C".
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".

Received by (name and title, printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

66

CC:



Johnson County Health Department  
95 S Drake Rd., Franklin, IN 46131  
Phone: (317) 346-4365, Fax: (317)736-5264  
Retail Food Establishment Inspection Report

Beth  
12/10

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment Pizza King	telephone 706-424-6852	Date of Inspection 12/9/2025	
Establishment address 520 502 North SR 135, Greenwood IN 46142	Summary of Violations <b>OP, 1PF, 4CORE</b>		
Owner Rajnoor Singh Rajsingh1258@outlook.com	Follow-up No	Release Date 12/19/2025	
Person - in - Charge	Certified Food Handler	Purpose: Routine	Menu Type 2-Limited menu
Establishment Identification # 2930 2984	County Johnson	District D5	

- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/PF/Core	R?	Violation Observed:	To be Corrected by:
279	PF		Metal probe food thermometer (0°F - 220°F) not functioning - Dial would not move when trying to calibrate	12-10-25
234	CORE		Observed a wooden box with plastic containers of sauces stored inside in the flip top cooler - Not easily cleanable	12-31-25
183	CORE	x	Observed an in-use utensil stored inside the bulk flour without the handle above the food product	12-10-25
443	CORE		Wall and ceiling around the oven is soiled	1-1-26
286	CORE		Observed a damaged metal cup used for cheese	
			Notes: 1. Continue to detail clean floors, walls, and ceiling	



Establishment Representative

Ronny S Cassi Hall

Inspected by: Cassi Hall, EHS  
(317) 346-43731 [chall@JohnsonCounty.in.gov](mailto:chall@JohnsonCounty.in.gov)



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 S. DRAKE ROAD  
FRANKLIN IN 46131

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-~~2~~, Indiana Retail Food

**Establishment Sanitation Requirements.** The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Poe Quality Meats</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>12-23-25</i>	ID# <i>1276</i>
Establishment address <i>1108 W County Rd 200 N 46131</i>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list) _____</li></ul>	Follow-up <i>NO</i>	Release Date <i>1-2-26</i>
Owner	Summary of Violations:  <i>C O P F O P R O</i>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			

- ~~CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"~~
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

cc:

CC



**JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

95 S. DRAKE ROAD  
FRANKLIN IN 46131  
Office 317-346-4365 Fax 317-736-5264

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Popeye's #6505</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>12/30/25</i>	ID# <i>2339</i>
Establishment address <i>270 N. St. Rd. 135 Grand 466142</i>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="radio"/> 1. Routine</li><li>2. Follow-up</li><li>3. Complaint</li><li>4. Pre-Operational</li><li>5. Temporary</li><li>6. HACCP</li><li>7. Other (list) _____</li></ul>	Follow-up —	Release Date <i>1/9/26</i>
Owner	Summary of Violations:  <i>5</i> C <i>30</i> NC <i>3</i> R _____		
Owner address			
Person in charge <i>TABITHA WILSON</i>			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed): <i>Tabatha Wilson</i>	Inspected by (name and title printed): <i>Kevin F. Paxton OAS</i>
Received by (signature): <i>T. Wilson</i>	Inspected by (signature): <i>KFP</i>
CC:	CC:



**JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

95 S. DRAKE ROAD  
FRANKLIN IN 46131

Office 317-346-4365 Fax 317-736-5264

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-~~24~~, Indiana Retail Food

**Establishment Sanitation Requirements.** The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>QUALITY INN</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>12/18/25</b>	ID# <b>2647</b>
Establishment address <b>150 N LEWIS LN. (I-65) - FRANKLIN, IN</b>	Purpose:  <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <hr/>	Follow-up <b>—</b>	Release Date <b>12/28/25</b>
Owner  <hr/>	Summary of Violations:  <b>OP / OPF / 4 core</b> <b>EC</b> <b>HC</b> <b>PC</b>		
Owner address  <hr/>			
Person in charge <b>TRACEY HIGGINS</b>			
Responsible person's email  <hr/>			
Certified food handler  <hr/>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED **C** **P**
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by *(name and title printed)*:

~~Tracey Higgins~~  
Received by (signature): 

Received by (signature):  
Tracey Higgin

CC:

CC3

Inspected by (name and title printed):

Bob Smith

Inspected by (signature):

Boel Smith

CC: